

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

HOBBS OCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

JAN 04 2012

WELL API NO.  
30-025-39808

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Black Mamba 15 State

8. Well Number

1

9. OGRID Number 6

6137

10. Pool name or Wildcat

Wildcat; Wolfcamp Gas

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator Devon Energy Production Company L. P.

3. Address of Operator

20 N. Broadway, Oklahoma City, OK 73102-8260

4. Well Location

J Unit Letter 1700 : feet from the South line and 1840 feet from the East line  
Section 15 Township 23S Range 33E NMPM Lea County11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3716' GL

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: Drilling Operations

☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Company L. P. on 1/2/12 drilled an additional 2' on said property making a TD of 60'.

Spud Date:

7/26/10 @ 12:00 hrs.

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Judy A. Barnett TITLE Regulatory Specialist DATE 1/3/12

Type or print name Judy A. Barnett E-mail address: Judith.Barnett@dvn.com PHONE: 405.228.8699

## For State Use Only

APPROVED BY:

DATE 1-6-2012

Conditions of Approval (if any):

JAN 05 2012